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ORAL HYGIENE

*Educational
Number*



October 1921

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Published for The Ransom & Randolph Co.
Toledo, Ohio, U. S. A.

The big black line—and the little red line

Ten per cent of the people in this country know they should watch their teeth.

Only ten per cent! Figures prove it. Ninety per cent don't know.

The big black line represents the population of America.

The little red line stands for the pitifully small number of people who do know.

Whose fault is it?

It's our fault.

But a plan has been conceived for lengthening that little red line.

A booklet about it was sent to reach you October 1st.

Read it. Then act.

Lengthen the little red line!

DENTAL WELFARE FOUNDATION
PITTSBURGH, U. S. A.



Space contributed to the cause, for use of the Dental Welfare Foundation, by the Dentinol & Pyorrhocide Co., New York City.

ORAL HYGIENE

FOUNDED 1911

OCTOBER, 1921

VOL. XI, No. 10

EVERY dental society and every dental organization since its inception has recognized the need of public dental education, and has appointed committee after committee these fifty years to prepare articles for the press and for general distribution, with the result that now and then something is done, but without any continuous or persistent policy being followed. Sporadic advertising is useless and so is sporadic dental education of the public.

Dr. A. E. WEBSTER,

Dean of the Royal College of
Dental Surgery of Toronto.

A Plan for the Ethical D

E Pluribus Unum

Nobody knows more about people than Uncle Sam; he must have had the human body in mind when he chose E Pluribus Unum as his trade mark, for no other expression so aptly fits Man.

One composed of many: think of the many structures and organs that, working in harmony, are responsible for our well being. How could one part survive without the rest — and how sadly all of the body suffers from the ills of any one part!

The old idea that the mouth was a local convenience, of no great importance to the rest of the body, is rapidly passing and the TRUTH in regard to the mouth as a most important factor in general health is becoming the common knowledge of the people.

It takes a hundred years in the ordinary, slow spread of ideas to teach a new truth.

The principles of oral hygiene are of too great importance to wait that long. We must carry the message. The time and the opportunity have arrived.

At the meeting of the National Dental Association, in Milwaukee, a paper prepared by Mr. W. Linford Smith and read by the editor of Oral Hygiene before the Oral Hygiene Section, presented the greatest plan for the dental instruction of the public that has ever been conceived.

Read this paper carefully; it deserves your closest attention.

This plan was referred to a committee by the Oral Hygiene Section, was unanimously endorsed by the committee and passed by vote of the Section to the House of Delegates with recommendation for adoption. The House of Delegates referred the plan to the Board of Trustees, who referred it back again to the House of Delegates with recommendation for passage. The House of Delegates unanimously passed the plan and it was finally placed in the hands of the permanent council on Mouth Hygiene and Public Education, with power to act. This committee carefully read the proposed messages and approved them. The agreement printed on page 1561 was drawn up and formulated into a letter to the Secretary of the National Dental Association, and signed by the Chairman of the Dental Welfare Foundation.



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cal Dental Education of the Public

By W. LINFORD SMITH



NE of the innumerable quotations which could be made to demonstrate the interest of the profession in the ethical dental education of the public is the statement made by Dr. A. E. Webster, Dean of the Royal College of Dental Surgery of Toronto.

In a paper read at Washington in April of 1920, he said: "Every dental society and every dental organization since its inception has recognized the need of public dental education and has appointed committee after committee these fifty years to prepare articles for the press and for general distribution, with the result that now and then something is done, but without any continuous or persistent policy being followed. Sporadic advertising is useless and so is sporadic dental education of the public."

That Dr. Webster is absolutely correct as to the attitude of organized dentistry on this subject is proven by the interest which has been taken by members of the profession in the distribution of the syndicated "Your Teeth" articles which, at present, are appearing weekly

in no less than 373 newspapers throughout the United States and Canada.

These articles are written by Dr. Rea Proctor McGee, and through the pages of the magazine which he edits the service is offered without charge to any newspaper willing to carry the matter, provided the request is made by a local organization of dentists.

Readers of the magazine are doubtless familiar with the character of the articles and the plan of distribution.

The 373 newspapers in which these articles appear are read by 3,817,860 people.

If the layman is benefited by reading in the pages of his newspaper authoritative information on the subject of dentistry, it is perfectly obvious that he would derive very much greater benefits if means could be devised for supplementing the newspaper campaign by a series of cards containing similar matter, mailed to his home address.

Such a direct appeal would be the ideal way of accomplishing the desired result, but the cost involved would be impossible to finance by any ordinary means.

The object of this paper therefore is to submit for your

consideration a plan whereby direct dental education of the public may be accomplished in an ethical manner and at the same time have the burden of cost so widely distributed that it will not be felt by any individual.

To this end it is proposed to print, on postal cards, a series of twelve messages of approximately 150 words each, and to arrange for their widest possible distribution through the coöperation of the individual dentist in his local community.

To safeguard the interests of the profession it is desired that a Committee or Board of Censors be appointed by the National Dental Association or its Oral Hygiene Section, and that permission be granted to print on each card the fact that the subject matter is endorsed or approved by some such eminent authority.

A series of twelve articles has already been prepared, and if the coöperation we seek is granted, they will be submitted to the proper authority for approval.

Should the text of the cards not meet with approval, or should any exception be taken to words or phrases employed, the reading matter will either be rewritten in its entirety or modified in any way that may be suggested. The cards will bear no form of advertising matter of any sort or description.

The organization and facilities for distribution possessed by the American Dental Trade

Association will then be put in operation for securing from the individual dentist lists of persons who, in his opinion, will be benefited by reading strictly ethical information as to what dentistry stands for.

The suggestion will be offered that these lists should be compiled from local organizations — civic, fraternal, religious, political, educational, etc., or in smaller communities, the cards could be mailed to the home address of each individual taxpayer.

When the lists shall have been received, the names they contain will be transferred to stencils, and machinery will be installed at a central bureau, where sufficient clerical force will be maintained to keep the lists alive and to handle the addressing and mailing of the cards.

To assist in covering the cost of the campaign, the service will be offered to individual dentists at \$18.00 per annum, for the entire series of twelve (which is \$1.50 per month), for each 100 cards.

Of this amount \$12.00 will be required for postage alone, and it is hoped that the balance will defray the cost of printing, addressing, mailing the cards, etc. Whatever deficit results, those whom I represent will pay the bill.

No person, firm or group of men either hopes or expects to derive any profit from the proposition. No salaries will be paid to those in authority, and no expense will be in-

The Letter to the N. D. A.

My dear Dr. King:

Confirming my statement to the Board of Trustees of the National Dental Association in connection with proposed operations of the Dental Welfare Foundation, this is to state:

First, at a meeting of the American Dental Trade Association held at Hot Springs in June, 1921, I was appointed Chairman of an Educational Committee of five, and at a subsequent meeting of the Executive Board of the Association, the Educational Committee was given power to act.

Second, the National Dental Association is wholly and completely relieved of financial responsibility in the undertaking. Should a deficit result it will be paid by the American Dental Trade Association.

Third, the Educational Campaign of the Dental Welfare Foundation will be operated entirely without profit to any individual or firm connected with those whom I represent, or anyone else.

Fourth, should a profit result, it will only be used for educational projects in this or other directions such as will meet with the complete approval of the authorities of the National Dental Association represented by the Council on Mouth Hygiene and Public Instruction of the National Dental Association.

Fifth, my object in seeking coöperation of the National Dental Association is to submit to the Council on Mouth Hygiene and Public Instruction, for approval, text of the series of twelve educational messages which have been written by Dr. Rea Proctor McGee.

Sixth, if these messages do not meet with approval of the Council, they will be modified in any way which may be suggested, or other messages will be substituted at the desire of the Council.

Seventh, when the character of messages to be distributed will have been determined by the Council, I desire permission to print that fact on the face of each card it is proposed to issue.

Eighth, should unprofessional use be made of the service by subscribers, such subscriptions will be cancelled, the names received from the subscriber removed from the files and unexpired portion of subscription returned. The final authority upon what constitutes unprofessionalism will rest with the National Dental Association through its Secretary.

Ninth, the Dental Welfare Foundation will submit to the Secretary of the National Dental Association for approval, every piece of printed matter that is to be issued in connection with the campaign, and will issue no printed matter without such approval.

Very truly yours,

W. LINFORD SMITH,
Chairman.

volved, aside from the actual cost of maintaining the service and details incident to putting the plan in operation.

If the coöperation of the National Dental Association is granted an intensive eight weeks' drive will be inaugurated on the first of October of this year which I venture the prediction will result in the distribution of a minimum of a million cards per month beginning January 1st.

This will mean delivery to the homes of at least that many American citizens, of the message of dentistry and what it stands for.

And one million circulation of this character would not mean circulation in the sense used by publishers; it would mean a minimum of one million, and a maximum of five million actual readers, which, it is safe to say is half again as many people as there are today in North America, who really recognize in dentistry a vital factor of physical welfare. In submitting this plan for your consideration, I am dealing with a definite and a concrete proposition.

The facts and figures quoted are in no sense merely tentative estimates as to what can be done. Organized dentistry for years has sought a means of educating the public, but has been deterred by the enormous expense involved.

There is no question as to the desire of organized den-

tistry that the public should be educated on this vital topic.

So then, when it is proposed that this be accomplished and that the National Dental Association coöperate and yet be relieved of the enormous amount of work involved in making the plan effective, it is hoped that the proposal will receive favorable consideration at your hands. It is impossible in the brief space of time allotted to discuss details regarding the means which have already been devised for such a stupendous undertaking.

But every detail of this proposal has been worked out with the utmost care and every angle will be discussed frankly with any committee which may be appointed to coöperate with us.

The plan is feasible and workable, and its possibilities have been underestimated rather than overestimated.

The subject of this paper is "A Plan for the Ethical Dental Education of the Public."

The two questions respectfully submitted for your consideration are:

First, does the National Dental Association desire that the public be educated?

Second, if so, is the National Dental Association, under proper safeguards, willing to approve a plan which is rendered practical by utilizing the organization and the facilities of those whom I represent?

Oral Hygiene in England

DE TREY & Co., LTD.

Publishing Department

12, 13 & 14, DENMAN STREET,
PICCADILLY CIRCUS, LONDON.

Editor ORAL HYGIENE:

You were kind enough to oblige me on a former occasion in regard to some information which we required in connection with the Ivory Cross movement, for extending oral hygiene in this country.

We have now advanced a step further and the firm of deTrey & Co., Ltd., are desirous of interesting the members of the British Dental Association in this movement and of establishing it in this country in the same way in which you established it in America. Yours was a very fine movement, and one which we know has been crowned with absolute success. We wish to achieve a similar success in this country and would be very grateful indeed if you would be kind enough to help us to the extent of letting us have copies of lectures given at school clinics which were organized throughout America, also the write-ups which were published in the lay press to call attention

to the necessity of dental treatment.

If not troubling you too much we would like to have every scrap of information which we can possibly get on this subject. We would be willing to pay for any lantern slides or anything of an accessory nature which was employed in the campaign, and in fact wish to base our campaign on the American campaign and if our professional men can modify your attempt or improve this matter in any way for England, they are going to place their services at our disposal to do so.

We wish to make the whole-hearted success which you were privileged to achieve in America, and the writer feels sure that in making a request to have your assistance in this matter he will be met in the same generous spirit that he was met with when he asked for assistance for the Ivory Cross.

I sincerely hope that I am not troubling you too much in putting forward this request.

With compliments, believe me,

Yours very truly,
CHAS. R. SIMPSON.



"The Family Tooth Brush"

By MARY MARGARET MUCKLEY

*Asst. Director, Dept. of Nursing,
Northern Division, American Red Cross*



WHEN we hear the phrase, "the family tooth brush," instantly we have a mental picture of a single tooth brush making the rounds from one member of the family to the other. This happens, it may be, daily, it may be semi-annually, annually or more likely biennially.

"The Old Family Tooth Brush Which Hung by the Sink" has been the source of much fun, parody in song, pun and verse and, to the serious-minded person, an article of much concern. But a new model of family tooth brush has come to my attention and of this I would tell you. While in Waseca, Minnesota, I was formally introduced to such a brush, and to make its acquaintance gave me much pleasure.

Waseca is a lovely city of about 5,000 inhabitants, situated in southern Minnesota. Almost all its streets are paved; there are any number of beautiful homes and the streets of its business center are lined with splendid, substantial buildings. It is in the heart of a good farming country, and each day finds a large number of rural people in town to shop and view the window displays.

On a certain afternoon a few days ago I followed the throng down a busy street. Just as I reached a certain street corner my attention was attracted to a most

interesting window display. The window was lined with tooth paste tubes of every "size and hue." Directly in the center of the display was a large tooth brush, perhaps about four feet long. The handle of this tooth brush was made from a piece of board, shaped as tooth brush handles usually are, and covered with white tissue paper. The bristles were represented by the usual size tooth brushes, which were put into holes, made for that purpose, in rows. Directly above this large tooth brush was a sign which said, "The Family Tooth Brush, One for Every Member of the Family—15c to 75c." I noticed that any number of people stopped at the window and after a little hesitation, turned and walked into the store with an air of determination.

"What an interesting window," I thought, and then decided to go in also, and if possible have a conversation with the proprietor of this store, regarding the results of that window display. As I glanced about to find the name, I saw above the door and on the corner, "Guilbert & Didra." I went in and asked for Mr. Guilbert. I told him who I was and my reasons for being in Waseca, that I was doing Public Health nursing, and that his display of a "family tooth brush" interested me very much.

During our conversation I

learned that it was his original idea, with an aim to interest every person in possessing his OWN tooth brush. The result of this interesting showing of tooth brushes was that many boys and girls, as well as adults, purchased a brush with the intention of using it.

The County Nurse of Waseca County has been doing a big amount of educational work along

Public Health lines, and this display, no doubt, has made her tooth brush drills much easier.

When speaking of Public Health and its workers, why stop enumerating when we have said, "doctors, dentists, nurses and health officers"? Why not get the business men interested in arranging window displays for the cause? Let every one be a public health promoter.

Guardsmen Taught Care of Teeth

Mt. Gretna, Pa.—Scientific dentistry is being taught to the members of the Fifty-sixth infantry brigade, on duty here, for the first time in the history of a Pennsylvania national guard encampment. The instruction, according to the *Pittsburgh Press*, is in charge of a group of trained dental surgeons of the newly organized One Hundred and Third medical regiment, Col. William G. Crookston commanding. A big white truck, equipped with all the latest dental appliances and bearing the emblem of the American Red Cross, passed almost unnoticed into the camp of the medical regiment located at the western end of the military reservation.

The car became the idol of all the guardsmen who were able to inspect it in the short time it was on the drill field. It contains every possible device for taking care of the teeth, including an electric mouth lamp, running water, a compressed air tank, an electric engine and a wash fountain. The program as arranged by the dental officials is to put the car in the block system where skilled instructors will lecture to the guardsmen and demonstrate upon the care of the teeth.





By the Editor

THE best thing about Milwaukee is the Auditorium; in fact, that Auditorium itself is almost a good excuse for living there.

Instead of having all kinds of fluted columns, with bobbed hair decorations, classic arches and useless windows, with inscriptions calling attention to many of the late departed whom nobody knows, Milwaukee had the good sense to build simply a group of very large buildings, properly connected, that not only were designed to house large gatherings, but are so arranged that all departments can work in harmony without falling over each other.

The Milwaukee Auditorium actually looks bigger inside than it does outside, and whoever the architect is, he deserves great credit and should be kept busy building auditoriums for other places that need them.

The Silver Anniversary Meeting of the National Dental Association was the most successful meeting of the Association that has ever been held. This was largely due to the organizing genius of Dr. H. E. Friesell, the retiring President. Certainly no man before him has handled a meeting of the Association in such a masterful manner, and it will be a long time before a successor is found who will equal his record.

The various departments held their sessions on time and their chairmen had been instructed to curtail the interminable discussions that have marred too many good programs.

Every section was given space in proportion to the expected attendance, so that the spectacle of a largely attended lecture in a small room, with an overflow of would-be hearers in the hall, contrasted with a handful of listeners lost in one corner of an auditorium—like a fly

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speck on a sheet of legal cap—was not the case this year.

If the Oral Hygiene Section can be conducted in the future with the pep that characterized the meeting at Milwaukee the editor of this magazine desires to withdraw his suggestion that they meet in a padded cell.

This section was particularly interesting and the Chairman, Dr. E. L. Pettibone, was very highly complimented upon his ability as a presiding officer.

The attendance at the Prosthetic Section was even greater than in years before.

The Operative Dentistry Section paid a great deal of attention to root-canal work and there was a great improvement in the systems of root-canal surgery that were offered.

The Orthodontia Section was much interested in the removal appliances of Dr. Victor Hugo Jackson. Dr. A. C. Rhode, of Milwaukee, presented some clever ideas in regard to extreme cases of malocclusion.

The Section on Histology, Physiology, Pathology, Bacteriology and Chemistry presented some particularly interesting motion pictures showing the comparison of the lesions in patients and those of animals inoculated with cultures from patients' dental focal infections.

The one section that had difficulty in getting properly accommodated was the Oral Surgery Section and they were

squeezed out somewhat because those in charge did not put in an application for space in time.

The only warlike demonstration that occurred during the meeting was when Dr. Seybold, Chairman of the Oral Surgery Section, felt that his dignity had been injured and resigned—but dignity does not cut much figure these days, so his resignation was not accepted and the tempest subsided. It would be a very good idea for the chairman of the Oral Surgery Section to put in his application for proper space early in the game, next time.

The meetings of the House of Delegates are always interesting because the House of Delegates has to stand for anything that nobody else wants to listen to.

This did not mean, however, that they did not stand for a lot of things that everybody wants to listen to.

There was one speaker, during the burst of eloquence that precedes the opening of a big convention, who knew more good things about Milwaukee than the oldest inhabitant had ever dreamed of. Mr. Grau, the secretary of the Chamber of Commerce, is certainly a live wire.

Dr. Friesell's presidential address was full of splendid suggestions and should receive a most careful reading by every member of the Association when it is published in the *Journal of the National Dental Association*.

In the House of Delegates, business was carried on very much as it is in the House of Representatives. About all that the delegates do is to vote "yes," and everything that requires thought is taken away from them and placed in the hands of a committee, where any element of interest that the proposal may contain is predigested and handed back again to the House of Delegates for their acceptance.

I am not criticizing the methods of the House of Delegates but I do not see just why the House of Delegates should allow the Board of Trustees to appropriate all of the authority.

The House of Lords idea is passé. The Delegates, acting as a House of Commons, should administer the finances and appoint all standing committees.

The business cannot be carried on in any way except through committees, but I would suggest that, in the appointment of committees, the membership be spread more evenly over the House of Delegates.

There is no reason why one or two men should appear upon all committees. There are many men in the Association who do not push themselves forward, but who would be excellent committee members and would greatly appreciate the honor of being chosen for such membership.

The workings of the gumshoe politicians is most amus-

ing. What they could possibly get out of it, year after year, that would compensate them for the work, worry, and August perspiration, is more than I can see.

Old Mr. Atlas, who supported the Earth upon the Spinous Process of his Seventh Cervical Vertebrae for so many years, had no keener appreciation of his importance than one or two of our old-time dental politicians, who are afraid of going to sleep at night for fear the rest of the thirty thousand members will make a mistake.

Next year we are going to meet in Los Angeles, Calif., and everybody who is interested in the N.D.A. should go. If you want to have a lot of fun, just slip into the political end of the meeting and up-turn the plans of the old regulars.

The election of Dr. John J. Buckley for President was very gratifying. His opponent was Dr. Clarence Grieves, who was all right and deserves well of the Association, but, like that other Democrat, Mr. Cox, he was a little shy on votes.

Every year the N.D.A. is improving; you cannot afford to miss these meetings.

They are a combination of the best post-graduate courses in the world, political vaudeville, and friendly reunion.

Make your plans now to attend, next summer, at Los Angeles.

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Dr. Jones Agrees with Dr. Gallagher

Editor ORAL HYGIENE:

The article in your last issue [July] by Dr. W. M. Gallagher is indeed timely.

After a continuous successful practice of over 30 years, I can fully substantiate the Doctor's view. No doubt a stiff brush is necessary in house cleaning, but not in the mouth.

As to his contention about the different dentifrices, I don't think he went far enough. I cannot see that the patient gets any great benefit from the use of these so-called dentifrices put up in the form of pastes.

It is impossible to get enough of the important ingredients into a paste and at the same time have it thin enough to get it out of the tube.

You heard very little before the late war about tooth pastes. Someone got his work in at Washington to supply paste instead of a good powder, because it was handier to carry.

Another article which seems to be getting a hold on the people who wear artificial teeth, is the so-called plate powder. If some of the plates brought in my office are a criterion to go by, we certainly can look for lots of trouble from this source in the future.

People are wearing plates that don't fit, and plates that should have been discarded years ago as they no more fit the mouth, owing to the absorption that has taken place. Don't use it in your office on new work. We all have had our troubles when inserting new dentures. How often they say "it won't stay up" before they have it in their mouth two minutes!

I have, for several years, avoided this complaint by inserting one of the cheaper one-cup suction, which leaves a depression in the plate similar to the old suction we made by using a piece of block tin.

I tell them, at the time I insert the denture, that it is placed there to help them wear the plate, and when the rubber disc is worn out, they will no longer need it.

This gives them confidence from the first, and saves me from a great deal of complaint and annoyance.

I might add Dr. Gallagher's ending: Thanking you in advance for even reading this, as I may be wrong in my observations and wish to be set right.

JNO. B. JONES, D.D.S.

8th & Arch Sts.
Philadelphia, Pa.

Soft Foods Do Not Furnish Healthful Exercise for the Teeth

Says "The Quiet Observer" in the Pittsburgh Gazette-Times

By ERASMUS WILSON

Belinda dear, once on a time,
My best beloved of pretty girls,
It was my wont to turn to rhyme,
And say your mouth was full of
pearls.

In blissful ignorance of yore
I thought my compliment but
truthful;
But knowledge grows from more
to more—

Only the brainless now are
toothful.

So take a cab, Belinda dear,
Hie where the dentistry is
painless;

Have out the pearls which now I
fear

Are merely teeth to prove you
brainless.

—*Westminster Gazette.*

THE foregoing blast was excited, or rather the writer was incited to blowing it, by reading an article in which Sir Oliver Lodge gives it as his opinion—"a opinion as is a opinion"—that the more brains one has the less teeth one has—unless they are artificial.

What is your opinion, based on your personal experiences and observation?

THE FITNESS OF THINGS

There is, as you know, an eternal fitness of things; that is, all things eventuate, or work out in accordance with the original

plan, which was from eternity past, and so on to eternity to come.

This is a good point to bear in mind, since those who refuse to order their conduct in accordance with the original plan are foredoomed to failure in this life, which means failure in life to come.

You may think this talk of Sir Oliver a joke, but he did not mean it as such, but spoke in all seriousness, and wisely, too, for it is a fact that the farther we get away from the original plan of living, the more we suffer in body.

When people get smart, brainy, as they say, their main effort seems to be to inaugurate new plans different from the original. It is to this that we are indebted for bad teeth, appendicitis, consumption, baldness and a majority of the ills which we are inclined to charge to carelessness, or lack of foresight, on the part of the Creator of all things, ourselves included.

HIGH LIVING AND BAD TEETH

High living and bad teeth go together like fast friends, and that in spite of dentifrices and tooth brushes.

But what use have high livers for teeth, anyway? They insist on having their food made soft and mushy so they can eat with a spoon. This rule has become so

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general and so fixed that it is bad form entirely to eat with knife and fork as did our forebears.

Of course you may use a fork if you know how to poise and balance it to show off your rings, or shapely hands, or good breeding. But a knife, never, unless you are prepared to go to social limbo.

Teeth and fingers were made long before knives and forks or spoons, and were used exclusively by the best society in early times, even to the very earliest.

This was in accordance with the original plan, consequently society folks in those days were noted for good teeth and deft fingers.

Me, oh, my! wouldn't it raise a social ruction if a bunch of society folks fashioned after those who lived in really primitive times should drop into the arena of fashion as it is today? And wouldn't the bunch be amused—or disgusted?

EATING HARD FOOD

It hasn't been so long, not so very long, say two or three centuries, or even less—since society folks, royalty itself, ate with their fingers, crunched small bones, such as spareribs and the bones of birds, fish and small game, with their teeth.

To do this, sound, strong teeth were absolutely necessary, and for that reason the people had them, for, according to the original plan, the creative force or forces provide whatsoever is absolutely necessary in this world of ours.

The creative force exists today the same as when the things we see and know were created. Were

it not so, wounds in flesh of living things would not heal, and life would soon cease to be.

The contra force, if we may term it such, is as sure to destroy that for which there is no use as is the creative force to create or develop that which is demanded by necessity.

Life, plus energy and action, means growth, efficiency, success; while life, minus energy and creation, means decay, degeneration, failure.

This being the law in the case you can readily perceive that there are good reasons why your teeth are bad, and your health, too.

CHILDREN OF THE WILD

Children of the wild have no trouble during the teething period, and mainly because they chew on bones, gristle and shells.

Your teething children cry for something hard to bite on to help their teeth through. Unless they are supplied with this their teeth cause the tender gums to become congested, swollen and painful, even throwing the little innocents into fits and spasms.

These children of the wild begin to lose their teeth when their usefulness begins to fail. This is another wise provision of Nature, it being an easy and sure way to their departure from the phase of life that is sustained by material food, their lives declining as their teeth take their leave.

Your children have enough of the wild in them to hanker for hard things to chew, nuts to crack, hard knots to untie. Being denied these their teeth grow indifferently, develop imperfectly and die prematurely.

Don't Forget to Look Under the Bed!

By GEORGE CARPENTER, D.D.S.

THERE was an article in the April issue of *The Dental Summary*, concerning the responsibility of the public for the solution of certain dental problems, by Dr. H. E. Friesell, which had been read before the Ohio State Dental Society last December.

I think some things which Dr. Friesell has said should be carefully thought of, especially by young men in dentistry—students as well as practitioners. One thing which will help dentistry is the opportunity it holds for young men who are desirous of fitting themselves to render the best quality of service.

In the solution of some of the problems Dr. Friesell speaks of, a beginning should be made by an organized effort to correct a great deal of the misconception on the part of the public as to what our problems are, what we are trying to accomplish, how far we can go without public support, and what the public can do in the matter.

So many people patronize the cheap dental parlors, whose proprietors are not in good repute in the dental profession, that there is no question as to their ability

to discriminate between the conscientious and the unscrupulous dentist — and many of us are unaware of the kind of false propaganda against organized dentistry that is being spread among the patrons of these places, putting us under a form of suspicion that is hard to overcome.

The dental profession is often represented as being an organized business affair, monopolizing prices, regulating the number of practitioners and hedging and limiting and taxing them in various ways for the support and profit of their leaders.

The advertiser is represented as the man who has the courage and independence to strike out alone for a square deal to the public.

I make this statement with some knowledge on the subject, because, through unusual circumstances, I was for a time working in a couple of these places and I never saw such talent for untruth and crooked dealing as I observed during this experience, which soon resulted in my getting out of dentistry entirely and doing other work until I was able to resume legitimate practice.

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most renowned dental acrobats in the way of disguising such slight defects as uncleanness, lack of sterilization and faulty but fancy techniques, would do credit to Hermann the Great.

Dental work done in these places must be done on a quantitative basis to meet financial requirements in due time.

Conscientious effort becomes submerged by the necessity for the employment of time-savers, short-cuts, and other quick money-getting methods. In overwhelming amount, this quality of work is

being carried around in mouths of people and doing discredit to the dental profession, until so many of them finally reach the pathologist that dentistry is being condemned or criticised by medical men.

Some means should be devised to make all persons rendering dental services accountable to the profession for the quality of those services.

Some good legislation in this State has been accomplished through our State Society recently, but there still remains a great deal to be done in the solution of this one problem alone.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

EUGENE R. KELLEY, M.D.,
Commissioner

DIVISION OF HYGIENE

MERRILL E. CHAMPION, M.D.,
Director

Editor ORAL HYGIENE:

While the Massachusetts Department of Public Health conducts neither permanent nor traveling dental clinics, I am anxious to be on the mailing list of directors of public school clinics and I shall greatly appreciate any information which ORAL HYGIENE may give me.

I am also taking the liberty of sending you a copy of the special mouth hygiene number of *The Commonwealth*, the bi-monthly bulletin of this Department, as well as copies of literature on this subject which we are using in our educational work.

Very truly yours,

EVELYN C. SCHMIDT,

Health Instructor in Mouth Hygiene.

Boston, Mass.

American Public Health Association to Meet Next Month

THE American Public Health Association announces four phases of its semi-centennial celebrations to be held in New York City, November 8th to 18th, 1921:

The Scientific Sessions will be held November 14th to 18th. There will be programs of the following sections: Laboratory, Vital Statistics, Public Health Administration, Sanitary Engineering, Industrial Hygiene, Food and Drugs. There will also be special programs on Child Hygiene and Health Education and Publicity.

Health Institute, November 8th to 12th. During the week preceding the convention proper there will be organized demonstrations of the various types of public health activity in New York and environs: Health Department bureaus, laboratories, health centers, clinics, hospitals, etc.

The purpose will be to show health functions in actual operation, especially those which may be duplicated in other cities. In one sense the Health Institute may be considered as a school of instruction in practical health administration.

Dr. Stephen Smith, the founder and first president of the Association, who is now in his 99th year, will be the guest of honor at a banquet to celebrate his approaching centennial and the semi-centennial of the Association.

A historical jubilee volume, *Fifty Years of Public Health*, will be published about October 1st. There will be articles by seventeen authors, relating to the accomplishments and present status of each of the important branches of public health. While concentrating upon the public health of the last fifty years, the book will describe the earlier beginnings of public health in an introductory way, and may, therefore, be considered a general history of public health from the earliest days to the present.

Detailed announcements, programs, and information concerning special railroad rates will appear in the *American Journal of Public Health* and the *News Letter* of the Association from time to time or may be had upon addressing the Association at 370 Seventh Avenue, New York City.

Milwaukee Newspapers Devote Large Amount of Space to National Meeting

HERE are some of the things the Milwaukee newspapers said about the N.D.A. These articles show the great increase in appreciation of dental subjects that has taken place in journalism during the last few years.

Formerly, no dental journal would dare to reprint newspaper accounts of a professional gathering.

Public interest has been so awakened in the matter of oral hygiene that the news value of a dental story insures us careful and generous consideration in the daily press.

The following appeared as a leading editorial in the Milwaukee *Wisconsin News*:

It has been said that a man is as old as his heart. True, no doubt. But it is just as true and more comprehensive to say:

"A man is as good as his teeth."

For medical science has demonstrated with ever-increasing proof that the condition of the heart, of the digestive tract, of the nervous system, of our whole physical equipment, is intimately bound up with the condition of the thirty-two bony instruments with which we masticate our food.

With the growing realization of this fact, the profession dedicated to the care, preservation and remedy of these instruments, has come to occupy an even higher plane of

importance in the field of medicine and surgery.

And that is why understanding citizens of Milwaukee have a special welcome for the National Dental Association, met here in its silver jubilee convention.

They realize that every meeting of this great body brings about an advance in dental art and science, and that this advance spells gain for the entire human family.

There was a time but a few generations ago when the human tooth was regarded as nothing more than a bit of bone with crown and root, to be used as long as it did not pain, to be pulled as soon as it gave trouble. And for this radical remedy a strong-fingered barber was considered adequate.

Today, thanks to the progress of science, we know that a tooth is really a very complicated and far-reaching structure whose preservation and health is of the utmost importance to the race as to the individual, and therefore worthy of the most distinguished study and practice.

The American dental profession has kept pace with this growing enlightenment. Long recognized the world around for its surpassing technical skill in tooth repair, it has steadily advanced in the recognition and treatment of diseases peculiar to the teeth and their environment.

Among the miracles of modern corrective surgery none surpass those that are accomplished by our foremost dental practitioners.

But perhaps the greatest field of service in which the dentist labors today is that of prophylaxis — the prevention of decay and disease among the teeth of the people. And he accomplishes this not only

through his practice but through educational propaganda.

Such propaganda is still needed among large classes of the people.

We have learned — most of us — to brush our teeth and use a mouth wash, and to inculcate these habits in our children. But too many of us still neglect those regular visits to the dentist which the best interests of our teeth require. Too often we wait until actual trouble gives us notice.

A yearly call on the dentist was once considered sufficient. It is not enough. Our teeth, if we value them as we should, ought to have at least two or three inspections annually.

What a little trouble to secure invaluable insurance!

Remember: You are as good as your teeth.

While this Dental Association is in convention, be sure to attend its exhibition in the basement of the Auditorium. It is a liberal education not only in the progress of dental surgery, but in the value of our teeth in the body's economy.

It will increase your regard for those important ministers and for the important profession that serves them.

The following news article also appeared in the *Wisconsin News*:

NOTED DENTIST TELLS HOW TO BRUSH TEETH

"Children should not only learn to brush their teeth regularly; they should also learn to brush them in the right manner."

This was the statement of Dr. Waldo E. Boardman, Boston, former president of the National Dental Association, in an interview.

"Teeth should be brushed morning and night," he said. "The main brushing should be done at night. It should then be very thorough so that food particles may not remain in over night and cause decay. If the teeth are brushed very thoroughly at night, the brushing in the morning need not take so long.

TEACH RIGHT METHODS

"Habits deeply formed in childhood will persist through the later years. Let children be taught the right methods of caring for their teeth, and they will not lose them at the age that all too many men and women do.

"One of the most important things to teach them is the BEST way to use the toothbrush. It should not be pushed back and forth, as so many persons brush their teeth. The brush should be worked up and down so that the food particles are moved from between the teeth. Both sides of the teeth should be brushed.

RINSE TEETH

"In addition to brushing, the teeth should be cleansed by rinsing with ordinary drinking water after each meal. It is surprising how much good this simple process will do.

"Tooth paste or other dentifrices need not be used more than once a day. Children should have tooth-brushes of small size, with bristles of medium stiffness."

The following articles were printed in the *Milwaukee Journal* during the course of the meeting:

NEED DENTISTS; HOLD STUDY TO 4 YEARS, PLEA

A shortage of 1,500 dentists exists in the United States, and the important problem facing the dentists is to supply the increasing demand for better dentistry on the part of an educated public, Dr. H. E. Friesell, Pittsburgh, president of the National Dental Association, told the first general session of the dentists' convention Tuesday.

The demand among many members of the profession that the dental course be lengthened from four to five years, while advisable when conditions are right, is not feasible now because of the shortage, Dr. Friesell said.

14 COUNTIES WITHOUT DENTIST

"In one state there are 14 counties in which there is no dentist. In another there are 24 counties in which there is only one dentist.

"The general demand for better dental work is the result of the education of the people to the necessity for proper care of the teeth. To give the best dentistry to all many believe that there should be longer preliminary training and that the scientific education that follows should be extended.

"The real problem is to give good dentistry to every person in the United States, regardless of class."

Harvard, it is said, is the only university that has increased its dental course to five years.

DENTISTS ARE WELCOMED

The Rev. Herbert C. Noonan, president of Marquette university, delivered the invocation and Cornelius Corcoran, president of the common council, was introduced as the acting mayor. Mr. Corcoran said that he wanted all the delegates to enjoy the hospitality of the city. Phil A. Grau, representing the Association of Commerce, also welcomed the convention.

Dr. Charles L. Babcock spoke on behalf of the dental profession of Wisconsin. Gov. Blaine, who was scheduled for an address, did not appear. Response to the addresses of welcome was delivered by Dr. J. P. Buckley, Los Angeles.

The silver anniversary banquet will be held in the Auditorium at 6:30 p.m. Ex-Senator J. Hamilton Lewis, Illinois, will speak.

HOLD SECTIONAL MEETINGS

Sectional meetings with technical discussions were held in the afternoon. There was also a meeting of the house of delegates where routine business was transacted.

The display of dentists' equipment, that fills the basement of the Auditorium, has attracted thousands of the visitors. The exhibits, officers of the convention say, are more complete than they have been in years. Practically every contriv-

ance or instrument used in a dentist's office is shown.

The first meeting of the Military Order of Dentists was scheduled for Tuesday. Gen. M. W. Ireland, surgeon general of the army, who is scheduled to address the convention Wednesday, was expected to arrive Tuesday afternoon. Gen. Ireland will discuss dental preparedness from the viewpoint of the medical department.

OFFICERS OF MILITARY ASSOCIATION

Officers of the association are:

Col. R. T. Oliver, dental corps, U. S. army, president; Lieut. Com. Paul G. White, dental corps, U. S. navy, vice president; Lieut. Col. George H. Casaday, dental corps, U. S. army, secretary-treasurer; Capt. W. D. Vail, dental corps, U. S. army, editor.

Maj. W. S. Rice, U. S. army, Fort Sheridan, is chairman of the entertainment committee. Other members are Capt. A. C. Rhode, dental reserve corps; Capt. H. F. Poser, dental reserve corps; Capt. Fred Vater, dental corps, naval guard, and Lieut. J. R. Hayward, dental reserve corps.

The convention of military dental surgeons will close Wednesday evening with a supper and smoker at the Hotel Blatz at which Gen. Ireland will speak.

DENTAL SERVICE BY STATE IMPRACTICAL SAYS MILWAUKEEAN

Dental service is too complicated and intricate to be handled by the state and state dental and medical service never will prove successful because it savors too much of socialism and paternalism, Dr. Henry L. Banzhaf, Milwaukee, told the conference of industrial dentists at the dentists' convention Tuesday.

Dr. Banzhaf said one of the greatest problems is to serve the 90 per cent of the population that needs dental service, but which does not, through ignorance or because of the cost, receive attention.

"If the average worker would keep his mouth in a healthy and

clean condition his period of earning could be increased ten years," he said.

URGES COÖPERATIVE CLINIC

"Better dentistry at lower fees can only be accomplished when dentists, each a specialist in his field, group together in a centrally located coöperative dental clinic.

"The central industrial dental clinic as worked out in Milwaukee is proving a success. This clinic examines the mouths of the employees of the industrial establishments with which it has agreements. This examination is paid for by the industries. The employee is given a card which admits him to the clinic and entitles him to have his work done. He is charged a fee that he can afford to pay.

"The ordinary patient will always prefer the dentist who is in private practice; the ordinary dentist will always prefer to practice as he has done in the past. This is as it should be. The Industrial Dental Clinic is designed only for the worker who needs honest dental service but who cannot afford to pay the fee the dentist in private practice must charge."

SCHOOL HYGIENE NEEDED

Instruction in mouth hygiene is necessary in the public schools and it is the duty of teachers and parents, as well as school boards, to see that it is done, Dr. G. D. Edgar, Defiance, Ohio, told delegates attending the Mouth Hygiene and Preventive Dentistry section.

"Education today is not merely the application of text-books, but consists of everything that pertains to the life, health and happiness of the individual," said Dr. Edgar. "In the past dental and medical professions have been derelict in their duty by not taking a more active part in the health and welfare of the children of the public schools.

"The cause of many children being dull in their studies can be traced to bad teeth. Many children's mouths are in filthy condition.

"Foul breath and unclean mouth have been known to spread disease in our schools."

The advance in oral surgery and a new method of treating hare-lip and cleft palate were demonstrated Tuesday by Dr. M. K. Federspiel, Milwaukee, on the arena stage before the section on oral surgery, exodontia and anesthesia.

"A baby born with a hare-lip or a cleft palate should be operated on for the deformity before the age of six weeks," Dr. Federspiel said.

Dr. Federspiel gave an illustration of a new method of relief of lateral tension in operations for the surgical correction of a cleft of the hard or soft palate.

Dr. T. A. Hardgrove, Fond du Lac, emphasized the danger of death in advanced cases of focal infection where proper care is not taken.

The National Association of Dental Faculties elected these officers:

Dr. Charles C. Allen, Kansas City, Mo., president; Dr. A. Hugh Hipple, Omaha, vice president, and Dr. DeLos L. Hill, Atlanta, secretary-treasurer. The next meeting will be held in Los Angeles.

DENTAL FRAT MEN MEET AT BANQUETS

*I am forever filling molars,
Centrals and bicuspids too—
Drilling them out, filling them up,
Hoping my dream of cash comes true—*

Campus days were brought back for a few hours at the annual banquet of the National Alumni Chapter, Psi Omega, Monday night at the Athletic club.

Members of the Delta Sigma Delta and the Xi Psi Phi fraternities also held their annual banquets Monday night. Two delegates from each fraternity brought messages of greeting to the other sessions, in accordance with an old college tradition.

Among the prominent guests of the Psi Omega banquet were: Dr. H. E. Friesell, president of the National Dental association; Dr. Henry L. Banzhaf, dean of Marquette Dental school, and Dr. De Los Hill, Atlanta, Ga.

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Dr. Martin Dewey, New York, was toastmaster. Dr. A. C. Rhode was chairman of the banquet committee.

NEW METHODS END GOLD TOOTH USE, DENTIST DECLARES

"Gold teeth have gone out of fashion among the Caucasians, but they still have an appeal to the vanity of the southern negro," said Dr. J. G. McDowell, instructor in dentistry at the Mehary Medical and Dental School for Negroes at Nashville, Tenn. Dr. McDowell is

attending the dentists' convention.

"At one time it was the practice to build a gold base both on the front and inside surface of a tooth. Under present methods a gold base is inlaid only on the inner side of a tooth to be crowned.

"Government investigation of a leak in the gold supply during the war led to the discovery that dentists in the south were using four times the normal amount of gold.

"It was found that there was an unprecedented demand by negroes for gold teeth. For weeks they would save their high wages for gold crowns. Many a perfect tooth suffered."

More About Alcohol

Editor ORAL HYGIENE:

There was an article in your August issue by Dr. H. D. Sweinhagen of Napoleon, Ohio, stating that it was impossible for a dentist to secure whiskey and alcohol for his professional use.

The former statement is true but the latter is not.

In order to secure Ethyl alcohol (190 proof) for use by dentists, it is necessary to write the Prohibition Director of your state and request application blanks. You then fill out these blanks, return them to the Prohibition Director, who in turn forwards them to the Prohibition Commissioner at Washington, D. C.

When your application is approved by the Commissioner he issues a permit, which entitles you to purchase six quarts of 190° proof alcohol during any calendar year.

Read Regulation No. 60 of the National Prohibition Act, and while it doesn't permit us to have whiskey, still we can secure a limited amount of alcohol.

Of course you must inquire about your state laws.

Out in Colorado we have to secure a state permit, which costs \$2.00 each year, and is in the form of a book. So when making a purchase we tear out a slip and send to the dealer who is supplying us with alcohol.

It takes about thirty days to secure your permit, but once having secured it, each year during December you renew it, and the long wait is not necessary.

I trust the above will assist the doctor in securing his much-needed alcohol.

Yours very truly,

LAWYER W. BOWEN, D.D.S.

Denver, Colo.

Laying The Foundation For Children's Teeth

By W. A. ALLEN, D. D. S., Billings, Montana



RATIONAL HYGIENE is the standard bearer of clean teeth, the advocate of better tooth brushes, better care of the teeth, better dentistry, and more thorough work all along the line.

Great improvement can be seen in the home, in the dental office, and in the schools.

Forty years ago we tried to save the teeth by filling the permanent teeth; how little attention the deciduous teeth received we all know, but the years have taught us that *foundation work* should be the rallying cry of every dentist in the broad land.

If this foundation work is neglected we can never hope to arrive at the same efficiency—if we miss this golden opportunity. You ask me: "When is the opportune moment?" I answer: "Before the child is born."

In a word, if the food of the mother before the birth of the child, or during the period when it depends upon her for its supply, does not contain the elements to meet the demands of Nature, healthy tissues will not be formed; and if, just at this critical period, the phosphates of lime and calcium are not forthcoming, the mother's teeth and bone material are absorbed by the

fetus, when the teeth will show the effects of starvation by an increased sensitiveness and rapid decay.

The old proverb that for every child the mother should lose a tooth was all too true.

The development of the teeth is one of the most curious and interesting of the processes of the growth in the body.

At about the seventh week of fetal life small gelatinous bodies, which are tooth pulp, are distinguishable in the jaws, and at about the tenth week the germs, or the developing pulps, of all the temporary teeth, twenty in number, ten above, and ten below, are in position.

During the development of the deciduous or first teeth, there appears at about the fourth month of fetal life a second set of little gelatinous bodies which are the germs of the second or permanent teeth.

Of these, first in order to appear are those of the six-year molars, which erupt just back of the fifth baby molar, and are often mistaken for one of the deciduous, or first set of teeth.

Then why should we not bend all our efforts to the nourishing and developing of these teeth, deciduous and permanent—all hungry for lime and earthy materials?

The enamel, the cementum, the alveolar process, are all forming around these teeth, forming a separate matrix for each tooth and here is where we should strive to bring about the one hundred per cent perfect teeth of the coming generation.

At about the fifth month after birth, the process known as the dentition or more commonly known as the cutting of the teeth begins, the

teeth begin to erupt with the absorption of the hard and soft tissues overlying them. The alveolar borders are the first to show signs of the absorption process, by a dissolution of their approximated edges, thus gradually making a wider space for the advancing teeth, which force their way through the gums by the natural process of absorption, when the teeth assume their rightful position in the mouth.

ORAL HYGIENE Wants Snap-Shots



ORAL HYGIENE wants snap-shots of dentists doing things—interesting, human-interest photos. This isn't the announcement of a contest. It is, instead, an offer to pay one dollar apiece for pictures we can use. And we can use a lot of them.

Please write title or description of each picture on the reverse side of it. If there isn't room, write it on a sheet of paper and fasten it to the picture.

But don't stick pins through the pictures, or fold them, for that spoils them for reproduction purposes.

Be sure your name and address appear on the envelope. And if photos must be returned, accompany them with stamped addressed envelope.

Please don't write letters about the pictures you send. If many of you did, we would be swamped!

Address "Picture Editor, ORAL HYGIENE, Sharpsburg Sta., Pittsburgh, Pa."

From a Radiodontist's Viewpoint

HOWARD R. RAPER, D.D.S., Indianapolis, Indiana

Contributing Editor

DISCUSSION OF THE PAPER, "THE CRISIS"



S I have stated, the paper, "The Crisis," which was published in the September 1921 ORAL HYGIENE, was written a year ago and was withheld from publication. During the year while I withheld it from publication I sent it to some friends in various parts of the country. (They all urged me to publish it.) Some of the comments received by letter may be discussed here. I use initials instead of names for my friends were not writing formally for publication.

I quote B. P.: "..... No one can be too aseptic for me. What I dislike is the pretending to carry out aseptic measures when as a matter of fact the chain is broken at almost every step."

There is this to be said about "pretending" to practice asepsis: it is better than not even pretending. I have observed that if a person pretends to be or do a thing the tendency is to become or do the thing they pretend. So when I see a pretense at surgical cleanliness I am not displeased; I'm gratified. I know that the

man who is making a pretense at cleanliness is at least just that much cleaner than the man who does not even make any pretense, and I know, too, that if such a fellow doesn't watch out the pretense will "get him" and he will become actually clean some day.

The practice of asepsis has been considered a chain of consecutive links or steps in technic. To this aseptic chain has been applied the old saying, "A chain is no stronger than its weakest link." The saying is not applicable in the case of the "aseptic chain." To illustrate my point, suppose we have an aseptic chain of say 12 links. All of these links, or steps, are perfect save one. This one offers a chance for bacterial contamination. One chance out of a possible twelve for bacterial contamination. Isn't that better than *two* chances out of 12? And are not only two or three chances better than four or five?

There are always weak links in any chain of aseptic technic. But of course general surgeons do not abandon aseptic surgery altogether because there are weak links in their chain of technic. They practice the best asepsis they can,

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striving always to strengthen the weak spots. It is illogical, petulant, childish, for dentists to reject aseptic canal surgery because there are weak links in the chain of technic.

I quote again: "If the chain of asepsis is broken at every turn, surely it is better to work with and through antiseptics." There is no need for the chain of asepsis to be broken "at every step." More, the practice of asepsis does not make it impossible to work "with and through antiseptics." The operator is not compelled to select one, and only one, or the other, either asepsis or antisepsis. If one practices asepsis it does not preclude the use of antiseptics, and conversely if one uses antiseptics it does not necessitate abandonment of aseptic practices.

The assertion that asepsis cannot be practiced in a dental office has its foundation in a search for an alibi rather than in fact. Practically all surgical asepsis is relative, not absolute. This applies to both the dental office and the general surgery. The best answer to the assertion that asepsis cannot be practiced in a dental office is that some men *are practicing it in dental offices*. Thus we allow the facts to dispute the assertion instead of disputing by theory and logic. Of course the asepsis practiced in dental offices by our best operators is not above criticism; neither is the asepsis of the general surgery.

It is easier to practice asepsis

in a general surgery than in a dental office. Therefore "the job" will always be better done in the general surgery. It is quite difficult to practice asepsis in the dental office, *but it is not nearly so difficult as is generally supposed*. This reminds me of what my friend F. A. H. says to me. He says: "Keep hammering away on your ideas relative to root canal work. You have a way of saying things that makes them stick. And don't forget to publish some articles on technic; they go with the other stuff." Writing articles on technic is hard work. However, I will comply with F. A. H.'s request this far at least: Next month's ORAL HYGIENE will carry an article on the technic of practicing asepsis in a dental office.

I quote L. S. P.: "Dentists will never practice asepsis until the colleges teach it." There it is. Somebody always blames the colleges. Poor old colleges. Usually the colleges do not deserve the criticism. This time I am afraid they do. How many colleges teach aseptic canal surgery in their clinics? I have heard of one. There are over forty in the United States. The colleges are "floored," "flabbergasted," overcome with the mere idea of teaching aseptic canal surgery in the clinic. They give up before they try. The task looks impossible to them. I do not believe it is as bad as it looks — quite. I believe it is *possible* to teach

aseptic canal surgery in the college clinic, and a college has no moral right to teach anything else. *Aseptic canal surgery or no canal surgery at all*, applies to the college as well as the general practitioner. Though heaven knows the college has the more difficult problem on its hands.

I quote again from a letter: "I am a little surprised to hear you say that the Howe method is the only one you know which may be safely followed without observing absolute asepsis." What an uncompromising phrase for a human being to use, "absolute asepsis"! I did not even say that the Howe method could be used with safety at all. I spoke of it as giving some "promise." Personally, I am not converted to the Howe technic. With me, the Howe technic is on probation.

I quote again: "We are passing through a crisis at the present time, and you are right in a large measure that the fee will govern the kind of canal surgery that is to be done. However, it would do your heart good to see the good work that is being done along this line all over the country today, and not all of the men are getting such fees as you mention as being necessary." I may say that I have seen some of "the work done over the country," and it didn't help my heart at all. A radiodontist is in a position to see a good deal of canal work. It has never made my heart any stronger.

As for the fees I mention as necessary being too much I quote from another letter. This writer, F. A. H., is a general practitioner of dentistry. I print herewith radiographs of two of his canal cases. These illustrations will give you a line on the kind of man F. A. H. is. A man who can fill the canals illustrated in Figs. 1, 2, 3 and 4 is worth listening to. Then listen: "In our office we are really trying to do good root canal fillings and once in a long while I feel we are succeeding, but it is slow work to get it up to where we want it. But the funny part of it is nobody has objected in the least to a fair fee though it has sometimes gone as high as \$95 for a molar, and almost never below \$30 for any tooth. The other day a woman needed a cuspid root filled and since it seemed simple I told her in advance it would be near \$40. She went home and wrote back she would be in to have it done as soon as we could see her. All this to show you our experience is exactly in line with what you say."

Such, my reader, is the opinion of a man who has the skill to do work like that illustrated in Figs. 1, 2, 3 and 4. It is tremendously significant that such a man agrees with me in my estimate of the cost necessary to make good aseptic canal work an economic possibility.

I quote this man further: "The idea expressed in your paper that it must be made

economically possible for men to spend sufficient time on their root canal work to get a good result is admirable and should be made very plain. However, everything must be done to develop a proper technic, keeping in mind that we have no right to consume a minute more than is necessary to do good work. In other words to make the cost as little as possible. Probably a very long time hence, an exposed pulp will be regarded as serious a lapse of good hygiene as we now regard a case of typhoid fever. But in the interval it is likely a lot more root canal fillings are going to be inserted than have been in the past two or three years. It is difficult to understand why a tooth with canals that have been *aseptically* filled should not serve for many years if the general condition is good. A feeling grows on me that it is possibly safer to let the filling stop a very wee bit short of the apex than to push it through. Am going to watch such canals very closely to see what happens."

One of the things about these quotations that make them particularly valuable is that they were not written for publication. They are the spontaneous, honest opinion of a smart man and one of the most skillful operators in the world. He has not paused to weigh his words or consider their possible effect. He has simply expressed his opinion, and that's all. Dentistry needs this sort of thing.

The men who "question the necessity of practicing asepsis," who think "antiseptics will do," remind me of the small boy who said to the policeman: "Say, mister, just how bad can I be without getting arrested?" The inquiry in the minds of some dentists seems to be: "Just how dirty can I be and get away with it?" It is the wrong attitude for surgeons.

I have had it directed to my attention that "good results" have been obtained when asepsis was not practiced. But the fact that an operator may get "good results" in certain cases without having practiced asepsis is no argument at all against the practice of asepsis. The general surgeon may get good results following an operation on the kitchen table, but this does not prove that operating rooms, and operating tables and operating-room aseptic technic are not both desirable and, to obtain consistent good results, necessary. And just what are "good results"? It is not difficult to get "good results" locally. But we want more than this. We want to feel as sure as we can that the tooth is exerting no vicious systemic effect. To feel this way we must have practiced asepsis.

When I debate the problem of pulp canal surgery with a friend and think I have about vanquished or converted him, he will often say, "What the — do you know about pulp canal surgery? How long has

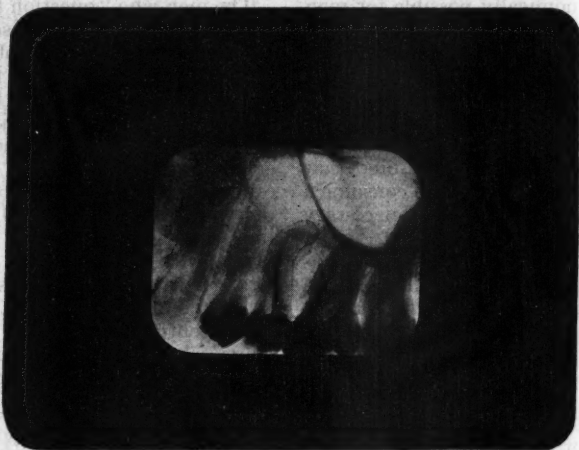


Fig. 1



Fig. 3

Figs. 1, 2, 3 and 4. Remarkable examples of skill in opening and filling canals of teeth with crooked roots. Radiographs from life, not dry specimens.

A great deal of experience has taught me that one can never be sure that the halftone of a radiograph will show what one wants to show. For these illustrations I have instructed the engraver that "the black streaks in the teeth must be made to show; retouch as much as necessary."

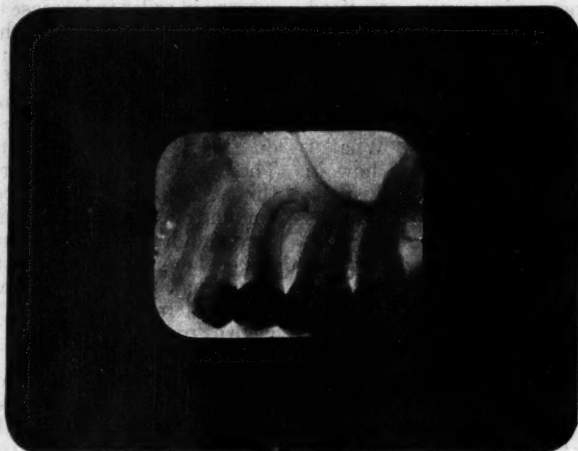


Fig. 2

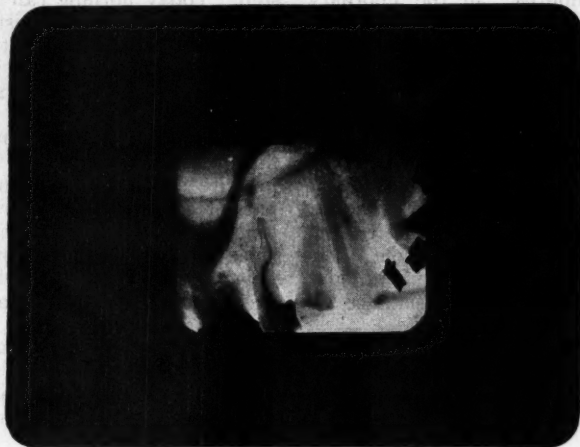


Fig. 4

Fig. 1. The diagnostic wire in the bicuspid goes up and around the curve in the root and starts back downward at an angle of about 20 degrees, reaching the apex!

Fig. 2. Same case as Fig. 1 with canal filled by Callahan method.

Fig. 3. Observe the two sharp curves in the bicuspid root — and the two diagnostic wires which pass the two curves!

Fig. 4. Same case as illustrated in Fig. 3 showing canal filling material reaching to end of root.

it been since you practiced it?" It is a delightful relief from this to find the following in one of the letters written in answer to a request for an opinion of the paper, "The Crisis." I quote: "What I cannot understand is how in the deuce you can feel just the things the fellow does who has his fingers on the broach a lot of the time. How you can ask the questions you do and answer them so perfectly is beyond me."

I bow. Thank you. That is a most flattering thing to say to a radiodontist (or dental diagnostician if you prefer the term). In a list of "qualifications for a competent radiodontist" in the February ORAL HYGIENE, I gave the following as the most important: "The radiodontist should have a sort of *sixth* sense which may be called a keen and accurate sense of justice and fairness, which enables him to project himself into the other fellow's place, so he may see things from the various standpoints of patient, dentist and physician, and give his advice and assistance accordingly."

Here is something that should not be left unsaid: If any dentist thinks that I advocate a "high" fee for canal

surgery in order to increase the income of the dentist let him get it out of his warped little mind. My object is *first of all to lessen the amount of canal surgery done*, and one way to do this is to set a fair fee. The right fee will do two things: it will make any great amount of canal work prohibitory, and it will give operators the economic chance to do the work that is done in a way that will reduce the risk (to health) to the minimum.

Nothing ever reacted so much to the credit of dentistry as the use of the X-rays.

But it is not enough that dentistry has used the X-rays. We must take the next logical step. Today nothing can react to the credit of dentistry so much as for us to practice aseptic canal surgery and let our patients see that we are practicing asepsis. This is not "fourflushing." To "fourflush" is to misrepresent. To practice asepsis and let one's patient see that one is practicing it, is not misrepresentation. In fact, it is the only true representation of what the dentist, dentistry and canal surgery should be.

[Continued in the next issue of ORAL HYGIENE under the title: "Aseptic Pulp Canal Surgery — Tips in Technic."]

In August ORAL HYGIENE we printed "An Answer to Dr. Talbot's 'Status of Dentistry in 1920'" stating that in copying the manuscript for the printer the author's name had been lost. Dr. John Louis Helmer, of Kokomo, Indiana, writes that the contribution in question was from his pen.

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A Letter with an Enclosure

[NOTE: The truth is that I did not accuse Dr. Van Woert of presenting the factorial method of development as something new. I did direct attention to the fact that it is not new. I did this for a purpose: when a new thing or method is not popular the reason may be because it is new. When an old thing or method is not popular there must be other reasons for its lack of popularity. That is the point I wanted to make relative to the factorial method of development.]

But if Dr. Van Woert misunderstood me, perhaps others did. I do not wish to place Dr. Van Woert or any other man in the wrong light. So see what Dr. Van Woert has to say. The following is a letter with an enclosure from Dr. Van Woert.—HOWARD R. RAPER.]

The Letter

Dear Doctor:

I dislike very much replying to public criticisms of articles that appear in the journals from my hand but feel that the best interests of the cause demand that your readers be acquainted with the fact that your quotations and comments appearing in the July issue of ORAL HYGIENE from my paper in the August 1920 issue of the *Items of Interest* are, to say the

least, misleading. The inference to be drawn is that I presented the Factorial Method of Development as something new and advocated its adoption in Dental Radiology.

Had you quoted the entire paragraph, it would be unnecessary to take exception to the matter as it would be apparent that I had made use of this old but scientific procedure to check up the accuracy of exposure. Surely you could not have read the entire article or you would not have interpreted it otherwise. I am not at all loath to assume the obligation of advocating the Factorial Method of Development in Radiography as it is the one method based on science, and it seems impossible to imagine an individual being unable to detect the first trace of the image upon the film who would be able to differentiate between the correct or incorrect development by the visual method. The best authorities upon photography agree that the visual method is the least dependable.

That your readers may know what I hoped to convey, I am enclosing a copy of the paragraph in question.

Respectfully yours,
F. T. VAN WOERT.

The Enclosure

Extract from the *Dental*

Items of Interest, August 1920:

"A Standard Technique for intra-Oral Radiography—

By F. T. VAN WOERT, M.D.S.
The Factorial Method of Development:

"The first factor to standardize is the time of exposure. This is best accomplished by making test pictures, say three or four, the first at two seconds, second at three, third four, and fourth five seconds. If these pictures are developed by the factorial method it will be a simple matter to determine which of the four is correct. For example, take the Eastman developing powders. They should be freshly mixed and at normal temperature of 65° F. The factorial number of these powders is 18. Use a small tray for the solution and place your watch in a position under the ruby light so that you may take the time when the film is placed in the developer and watch the film for the first trace of the image; then take the time and note how many seconds elapse between the immersion and the appearance of the image.

Multiply this by the factorial number and the result will be the number of seconds required for complete development. As five minutes at 65° is the normal time of development for a properly exposed film, then if the image appears in ten seconds, we find $18 \times 10 = 180$ seconds or three minutes, thus proving an over exposure. If on the other hand the image required 25 seconds to appear the result would be $18 \times 25 = 450$ seconds or $7\frac{1}{2}$ minutes for complete development, denoting an under exposure. A correct exposure would bring out the image in 17 seconds and result as follows: $18 \times 17 = 306$ seconds, or six seconds over 5 minutes. This difference is negligible and the film, say the one exposed three seconds, establishes the time of exposure for all cases, unless the target film distance is increased, in which event the time of exposure would need to be lengthened in proportion, as described in the first installment of this article."

Few Things Are so Lovely as Expressed Appreciation

Editor ORAL HYGIENE:

This is an expression of appreciation of your dental magazine ORAL HYGIENE, that has been coming to me from time to time, and which I have enjoyed, both as to articles and advertisements

Thanking you,

CARRIE M. GILSON, D.D.S.
(U. of M.)

Wichita Falls, Texas.



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I SUPPOSE every class of college students had in it one enthusiastic sort of wild-eyed boy who prefaced any astounding statement with, "Say, fellers, there's no use of talking!" We had one in our class, and I have thought of him when considering how the oral hygiene movement has in so few years spread itself over the land. How it has gotten into so many places *outside* of dental offices—the public schools, the army and navy, hospitals, factories, and public institutions, not to mention the newspapers and periodicals, and the offices of the physicians—all forming a very remarkable aggregation of agencies which are promoting dentistry by telling the public about the value of good teeth and healthy mouths.

The Mouth Hygiene and Preventive Dentistry Section of the National Dental Association is one of the fountain heads of oral hygiene propaganda, and at the National meeting in Milwaukee that section presented a very interesting program of papers and demonstrations, covering all features of the work of promoting public interest in dentistry. Those appearing on the program were in all instances leaders in the group of men and women who have learned by experience some of the differences between a private practice and one which deals with large groups of patients, and which must be conducted more or less under the control of and in harmony with the ideas of persons holding positions of authority who are not dentists. "Adaptability to environment" must be cultivated by those who would successfully practice *outside* of private offices.

The interests of the Mouth Hygiene Section are becoming sufficiently diversified to justify the forming of sub-departments of children's dentistry, industrial dentistry, institutional dentistry, and dental publicity.

W. A. BRIERLEY, D.D.S.



Department of Pediadontia

W. A. BRIERLEY, D.D.S., Denver, Colorado

Contributing Editor

IN the July ORAL HYGIENE directors of Public School Dental Clinics were invited to send in answers to a questionnaire relating to the conduct of such clinics.

Extracts from the reports received will be published, as they may prove an aid to persons planning the starting of dental clinics for children.

The directors can be consulted direct for details concerning their clinics.

New York City

We are indebted to William H. Leak, D.D.S. (address, 598 Madison Avenue, New York City) for a copy of *Dental Clinic and Dispensary Service in New York County*, compiled by the Health Service Department, New York County Chapter, American Red Cross.

This pamphlet is a very interesting directory of the sixty dental clinics of New York County, which are mostly maintained by the various charitable and public service organizations.

Concerning a feature of the dental program of the Association for Improving the Condition of the Poor, the report says:



"Oh boy! How can he refuse?" asks Dr. Leak

"As a feature of its community health work, the A. I. C. P. is seeking (through the coöperation of the City Health Department, the Board of Education, and the Columbia School of Oral Hygiene) to carry out a well-rounded dental program for the school children of a localized area of 40,000 population. Briefly, this program calls for (1) the prophylactic cleaning of the mouths of all children in the first five grades twice a year, (2) the fillings and extractions which are most essential to

putting the mouths in a hygienic condition and to prevent further decay, (3) practical instruction through talks and tooth brush drills in the proper care of the teeth. The policy of the A. I. C. P. is to supplement existing facilities and to supply them where they are lacking in order to complete this program."

Dr. Leak also sent leaflets of a *Summary of Dental Service in Public Schools or for School Children in the State of New York*, compiled by himself. Both of these reports are extremely interesting.

Toledo, Ohio

Director, D. A. Elwell,
D.D.S., 319 Spitzer Bldg.

Clinic organized, 1910.

Supported by Board of Education.

Two operators, part time, assisted by six school nurses.

Service free to all patients.

Director reports: "Approximately 35,000 school children needing dental attention; an estimate of 25 per cent cannot afford and will not have dental work done by regular dentists, making approximately 8,750 children in need of dispensary treatment; 1,400 are now being treated with the two dispensaries going half time during school year of ten months."

Examinations are made by physician and nurses; follow-up plan finds those who are dispensary cases, and appointments made.

Portland, Maine

Director, Horatio C. Menam,
D.M.D., 68 High St.



Real Interest. (A photo from Dr. Leak)

School population, about 20,000.

Clinic installed in the Children's Hospital as a volunteer clinic in 1918; in May, 1920, the Portland Chapter, American Red Cross, took it over and ran it half time; in March, 1921, went on full time basis.

Supported by the Red Cross with an appropriation of \$2,000 from the City of Portland.

At present the director is the only operator, save for two local dentists who give one afternoon a week for extracting. It is hoped to put in some new equipment and enlarge the quarters to accommodate a visiting staff of local men. Women assistants provided from the Public Health nurses and the Hospital nurses.

A minimum charge of five cents is made for all operations save in exceptional cases.

Ability to pay is determined by Public Health nurses.

2,000 patients were treated last year.

Duluth, Minn.

Director, I. H. Northfield, D.D.S., Suite 3-4-5 Mesaba Block, 407 W. Superior St.

School population, 13,000.

Clinic organized, March, 1919.

Supported by Board of Education.

Two clinics, located at Central High School and West Duluth Y.M.C.A., respectively.

Two operators, part time, and two women assistants.

An attempt is made to serve only the needy, but treatment is not refused anyone.

Charge made for tooth brushes only, unless the nurse knows the condition of the family. This she finds out in making her calls from house to house.

Clinics operate only during school term and school hours. One clinic runs twelve hours weekly, and the other runs nine hours.

All school children were examined last year by forty of the Duluth dentists under direction of Dr. Northfield. These dentists volunteered their services. Duplicate cards of examination are on file in the clinic office, and are used as a call list.

The director states: "Any information will gladly be given on request. We are open for suggestions."

Mount Vernon, N. Y.

Director, Samson A. Feitelberg, D.D.S., 21 Park Ave.

School population, between 8,000 and 9,000.

Supported by the City Government.

One operator, part time, assisted by a School Nurse.

Director reports: "Provision has been made in this year's budget for one dental hygienist whom we hope to start next term. Last year we had about 1,500 sittings. On account of the small service we have found it advisable to clear up the children in and about the sixth grade, so that eventually every child is cared for while in school. Of course every child is examined at least once during the school year by the school nurse and doctor."

Eveleth, Minn.

Independent School District No. 39, St. Louis Co.

Director, Franklin D. Cerveney, D.D.S.

School population, 2,700.

Clinic organized Dec. 1, 1920.

Supported by the School Board.

One operator, full time; one assistant.

Clinic operated eleven months of year; August is vacation month.

The director reports: "The service in the Eveleth schools is for the poor children only. The school nurse and the principals in the different buildings investigate the cases that are thought to be deserving,

and then each fill out one of my questionnaires and, if they agree, the work is then done.

"The idea in our schools is to make the work more educational than anything else. Lectures on the proper way to clean teeth and also oral hygiene were given this last spring."

Stoughton, Mass.

Director, Edward A. Perrin,
D.D.S.

School population, 1,000.

Supported by Visiting Nurse Association, popular subscription, town government.

One operator, three hours per week, 9 to 12 Fridays during school terms.

A fee of 25c is charged each child. Service for all children of the schools, public, private or parochial, rich or poor.

Clinic is not self-supporting; do not expect it to be.

In the Stoughton *News-Sentinel*, July 22; appears the following: "The first report of the Dental Clinic Committee must certainly be gratifying not only to the directors of the District Nurse Association, but to every citizen in the town. The committee has performed a distinct service to the community, and unquestionably has their thanks for the untiring efforts to make the Clinic the success that it is. If the town were but as progressive in other respects as it has been in this, in which we stand in the forefront, we would soon have the surrounding towns envious of us, as they surely must be of the splendid work of the Dental Clinic."

The "Your Teeth" Series in Central America

Editor ORAL HYGIENE:

In your July number, on page 1068, there is something that interests me very much. I wonder if we could get these copies and use them in our Spanish papers here if we translate them? You say: "these stories may be had over the entire English-speaking world" why not here? We will translate them, leaving out nothing.

It is something we need very much here. I have, in the past, tried free clinics here for a few years—I alone—so when the Revolution came on I quit, and have not taken it up since, but mean to some time in the future.

I should like very much to have these same stories published, I have been thinking of getting up something like them, but know my inability to do as well as yours will prove to be.

Please let me know how I can procure them.

Yours very truly,

C. P. WEINRICH, D.D.S.

San Pedro Sula, Cortez,
Honduras, Central America.

EDITORIAL

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

212 Jenkins Building, Pittsburgh, Pennsylvania

The Editor welcomes manuscripts and will take best possible care of any submitted, but cannot be held responsible for them. Manuscripts should be accompanied by self-addressed stamped envelopes. Typewritten manuscripts are preferred and should be double-spaced and written on one side of the paper only.

High Specific Duty on Dental Instruments

DOWN in Washington, the problem of revenue is almost as acute as the problem of water is in the Sahara Desert.

A bill known as H. R. 7785 was introduced by Representative Fordney, Chairman of the Ways and Means Committee, which along with nearly everything else, covers surgical and dental instruments.

Somebody — unknown as yet — had dental instruments classified in the same paragraph and carrying the same tariff duties as surgical instruments and right there is where we come in.

As introduced, this bill places a prohibitive tariff upon all small dental instruments such as broaches, burs and excavators, as follows:

First, a specific duty of 60 cents per dozen, or 5 cents each, on all instruments selling up to and including \$5 per dozen and 12 cents per dozen for each \$1 per dozen of such value when valued at more than \$5 per dozen, that is, instruments selling for \$6 per dozen will carry a specific duty of 6 cents each.

Second, a 35 per centum ad valorem duty. Naturally, the dentists wished to know

who was responsible for this particular tariff idea and then suspicion at once fell upon the manufacturers.

For the first time in dental history, the officers and Legislative Committee of the National Dental Association had conference with a similar Committee from the Manufacturers' Association.

The subject for discussion was, of course, the position of the manufacturers upon the pending tariff legislation on dental instruments. The Manufacturers' Committee stated positively that they not only did not advocate the extra duty, but that they were even more anxious than the dentists to have the specific duty eliminated.

The American manufacturer competes both in the home market and in foreign markets on quality alone. Such a specific duty would not only not help the American dental manufacturer, but would surely result in barriers being placed against American dental products by foreign governments.

Both committees agreed that since our traditional policy was a reasonable tariff, they would acquiesce in the straight 35 per cent ad valorem proposal but they would join forces to fight the specific duty in the Senate, where the bill now is.

The original proposal has already passed the House and is now before the Senate Finance Committee.

Every dentist and every manufacturer and every dealer is called upon to fight this specific duty.

American dental manufacturers desire only enough protection to equal the difference between the wages of foreign labor and the wages of American labor.

The result of the conference was that the

Legislative Committee from the National Dental Association and the Committee from the American Dental Trade Association adopted a memorial to Congress requesting the elimination of the specific duty provision as it relates to dental instruments.

Those present at the conference for the National Dental Association, were: Dr. Homer C. Brown, Columbus, Ohio, Chairman, Legislative Committee, N. D. A.; Dr. L. L. Barber, Toledo, Ohio; Dr. Louis Meisburger, Buffalo, N. Y.; Dr. Otto U. King, Chicago, Ill., Secretary, N. D. A.; Dr. H. E. Friesell, Pittsburgh, Pa., President, N. D. A.; Dr. Clyde Gerheart, Washington, D. C.; Dr. F. M. Casto, Cleveland, Ohio, Dr. W. A. Price, Cleveland, Ohio, and, representing the manufacturing interests: Messrs. Frank H. Taylor, S. S. White, Philadelphia, Pa.; R. O. Bailey, S. S. White, Philadelphia, Pa.; E. F. Simpson, S. S. White, Philadelphia, Pa.; W. Linford Smith, Lee S. Smith & Son Mfg. Co., Pittsburgh, Pa.; J. R. Sheppard, Dentists' Supply Co., New York, N. Y.; F. G. Crandell, Ransom & Randolph Co., Toledo, Ohio, President, Dental Manufacturers' Club; Dr. G. Layton Grier, L. D. Caulk Co., Milford, Del.; Wm. C. Smith, L. D. Caulk Co., Milford, Del.; C. A. Sykes, C. Ash Sons, & Co., New York, N. Y.; I. H. Hettinger, Hettinger Bros. Mfg. Co., Kansas City, Mo., President, American Dental Trade Association.

The Coroner

IN Colonial days the officer we know as "coroner" was called the "crowner," an official of the crown, whose duty it was to inquire into mysterious deaths. The crown

is gone, but unexpected and mysterious death remains with us.

In this death business the dentist occupies a very peculiar position — he is licensed by the State to treat certain diseases, to operate upon a portion of the body, to give anesthetics, local and general, to apply local treatment and give internal medicine if necessary, in mouth conditions.

Yet, if he has a death, he must answer to the coroner just the same as though he had no legal right to practice upon a human being.

The dental license, apparently, is issued to cover successful practice only, and while the compliment is appreciated, deaths do occur, occasionally—then the coroner comes in.

The medical practitioner, whose license covers both successful and unsuccessful practice, considers it very desirable to have a physician for coroner, because an official so trained will be more capable of reaching a reasonable conclusion in the cause of death, than would a layman.

To the dentist this official is of great importance because no one of us knows what day he may have death follow his treatment, whether or not the treatment had anything to do with the demise of the patient; when that day comes judgment should be rendered by a man who knows, and who is fair. The man who serves as coroner must appreciate the importance of the mouth as a factor in life and in death and must be friend of the dental profession.

In every district the dentists should see to it that those who administer any portion of the law, insofar as it may affect dentistry

as a profession, are thoroughly conversant with, and friendly to, the institution of dentistry.

It is the duty of dental societies to find definitely the position of candidates in regard to dentistry. Help to elect those who are friendly and help to defeat those who are hostile.

In November ORAL HYGIENE:

Our Ex-Soldier Boys: Give Them Your Best

By P. S. Coleman, D.D.S.

**Office Efficiency—When Your Right-Hand-Man
is a Woman**

By Ina Yates

School Dentistry in Flint, Mich.

By William R. Davis, D.D.S.

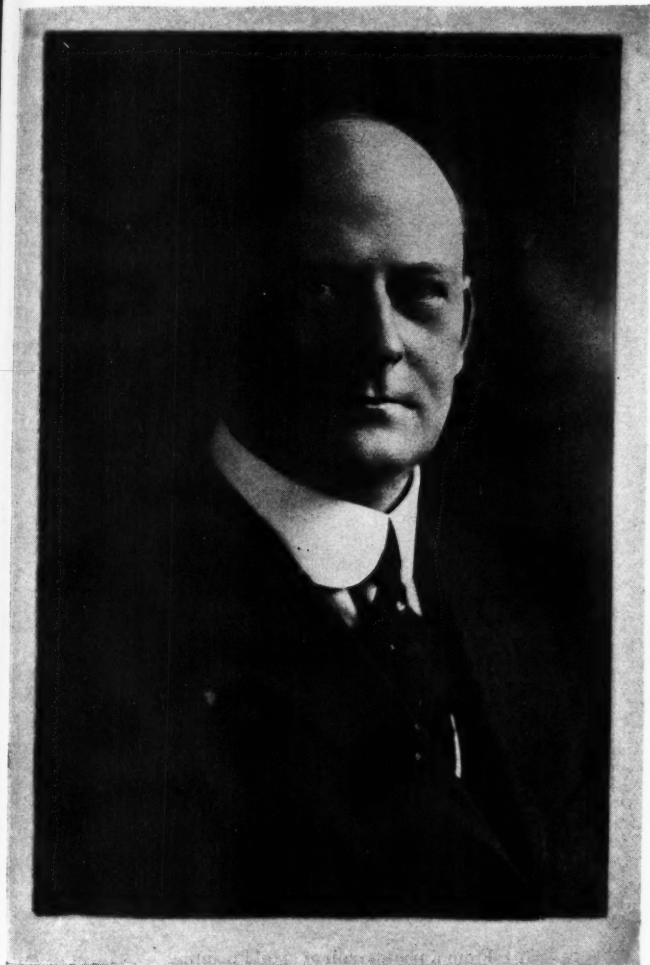
Sprigs from the Family Tree

By Lieut. Comdr. Paul G. White

Pro Bonehead Publico

By Herbert W. Kuhm, D.D.S.

ORAL HYGIENE Sepia Section

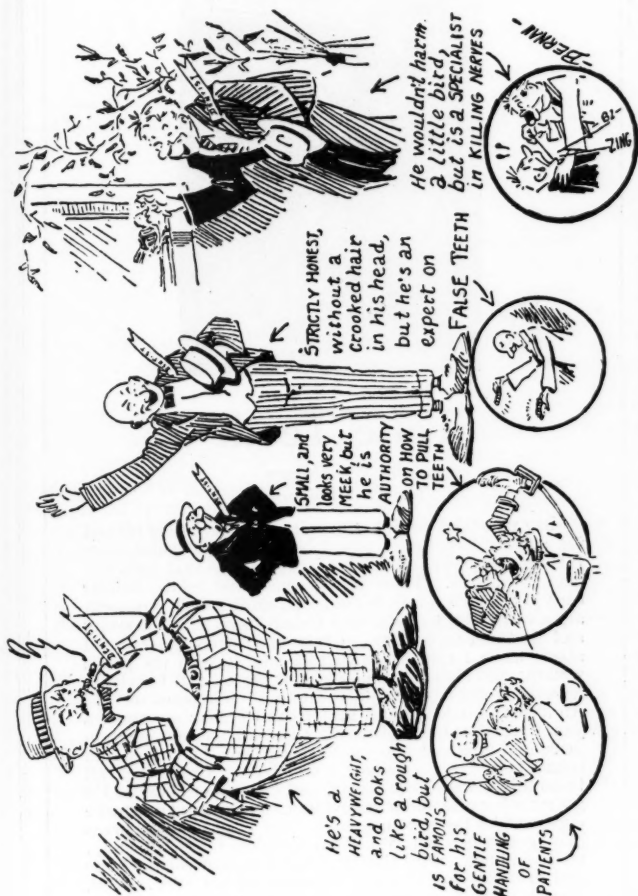


**H. E. Friesell, B.S., D.D.S., LL.D., F.A.C.D., Retiring President
of the National Dental Association**



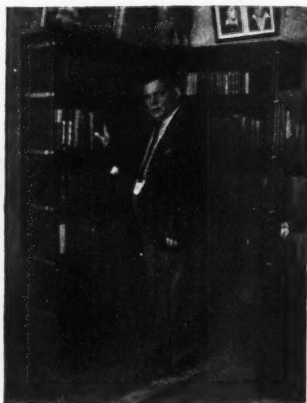
"The Dentist"—Gerard Dou

From a photograph of an old painting.
Reproduced, by courteous permission,
from *Printers' Ink Monthly*



The Milwaukee Journal Cartoonist Takes His Pen in Hand

Uncle
Walt
in His
Study



False Teeth

By Walt Mason
The Poet Philosopher

My new false teeth are now in place, and they fill out the sunken face that lately I have worn; as substitutes they're a success, and yet I wearily confess that man was made to mourn. There is no perfect bliss below; behind each joy there is a woe, behind each smile a tear; my teeth are always lost, by jing, and I shall have to get a string and tie them to my ear. I take them from their dread abode while I compose a stirring ode, to gain the poet's wreath; and then the dinner horn is blown, and I exclaim, with throbbing moan, "Where are those dadblamed teeth?" An absent-minded gent I am; I can't remember worth a yam the things I should recall; I'm always losing fountain pens, and pins and pups and setting hens, my watch and tennis ball. But somehow I could plug away when all these things were gone astray, and many more beside; I'd get me other pins and pups and fountain pens and mustache cups, and let the lost ones slide. But I put up some fierce harangues when I have lost my priceless fangs, all shiny, white and new; until they're found I cannot eat the large and luscious joint of meat, or anything but stew. Alas, there is no perfect bliss in such a tinhorn world as this, on such a misfit sphere; my ding-donged teeth are lost again, and when they're found I'll get a chain and chain them to my ear.

(Copyright by George Matthew Adams)

Bill Gives Wisconsin New Dental Hygienist Law

On June 30th, Governor Blair, of Wisconsin, affixed his signature to the dental hygienist bill, the text of the act, now in force, being as follows:

CHAPTER 454 LAWS OF 1921 AN ACT

To create section 14101 of the statutes, providing for the examination and certification of dental hygienists, and regulating the practice of dental hygiene.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. A new section is added to the statutes to read: Section 14101. 1. No person shall engage in practice as a dental hygienist without a certificate therefor issued by the Wisconsin state board of dental examiners; which shall authorize such person to remove calcareous deposits, accretions and stain from the exposed surfaces of teeth, and to prescribe and apply any ordinary wash or washes of a soothing character, but not to perform any operation on the teeth or other tissues of the oral cavity.

2. Such certificates shall be issued upon written examinations conducted by and satisfactory to said board, which shall include the subjects of anatomy, histology, physiology, bacteriology, dental pathology, and preventive dentistry. The examinations shall also include practical demon-

strations in dental hygiene. Any applicant shall be eligible to such an examination upon filing with the secretary of the board credentials proving, to the satisfaction of the board, that he has a general education equivalent at least to a two-year course beyond that of the eighth grade of the elementary school and that he is a graduate of a reputable training school for dental hygienists having a course of not less than one year of eight months; provided, however, that the privilege of such examination is granted until July 1, 1922, to any person who shall have graduated from any reputable training school for dental hygienists, and until July 1, 1923, to any person who shall have served as an assistant in any dental office in this state for at least two years next prior to July 1, 1921 and who shall within two

years next thereafter graduate from a reputable training school for dental hygienists. The state board of dental examiners shall by regulation determine what shall constitute a reputable training school for dental hygienists.

3. At the time of applying for such examination the applicant shall pay an examination fee of ten dollars. Any applicant failing to pass any such examination may be re-examined within one year upon payment of an additional fee of one dollar. Any person to whom a certificate is issued by the board shall register with the secretary of the board and pay to him a registration fee of one dollar on or before the next succeeding first day of September, and annually thereafter.

4. Such certified dental hygienists may be employed by boards of education of public or private schools, county boards, boards of health, or public or charitable institutions, operating only under the general supervision of one or more licensed dentists, and may also be employed in any dental office, subject to such regulations as shall be prescribed by the state board of dental examiners in the enforcement of the provisions of this section. They shall not in any dental office exceed the number of licensed dentists operating therein; and they

may also, under the direction and supervision of licensed dentists, act as assistant instructors in a school for the training of dental hygienists. Such certified dental hygienists shall not otherwise engage in practice as dental hygienists.

5. The state board of dental examiners may revoke the certificate of any dental hygienist for any violation of this section. The license of any dentist who shall permit any dental hygienist operating under his supervision to violate this section, shall be revoked in the manner prescribed in paragraph 4 of section 1410(g) of the statutes.

6. Whenever any other state, requiring a preliminary education of dental hygienists equal to that required in Wisconsin, shall grant to the dental hygienists of this state the reciprocal privilege of practicing as dental hygienists, the Wisconsin state board of dental examiners shall, upon payment of the fee prescribed in subsection 3, issue a certificate to any applicant who shall in lieu of examination furnish proof, to the satisfaction of the board, that he has been duly licensed and lawfully and reputably engaged in practice as a dental hygienist in such other state for at least two years next preceding such application.

This act originated in the Senate.



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Dentists Asked to Assist in Apprehending Murderer



RAL HYGIENE is in receipt of the following letter from the Coroner of San Diego County, California:

If possible I would like to have you publish a description of the dental work of the victim who is described in the enclosed circular letter, as I feel certain the dentist who did this work will read about it in your valuable publication. I would like to find the relatives of the dead man, also the person who perpetrated this heinous crime, and when I find who the victim is the murderer can be traced.

Thanking you in advance for the courtesy of publishing this description, I beg to remain,

Yours respectfully,
Schuyler C. Kelly,
Coroner, San Diego County,
California.

The circular referred to reads as follows:

IDENTIFICATION WANTED OF MURDER VICTIM

On Thursday, April 28, 1921, between the hours of 8:30 and 9:00 p. m., a fire was discovered on a little olive ranch a few miles from San Diego, California. Upon investigation by the Coroner it was discovered that a murder had been committed, as the charred body of a man was found half hanging over the wooden curbing of a well. Upon further investigation it was discovered that the man had been shot with a gun loaded with buckshot, the body saturated with oil and set on fire.

The body of the victim is described as that of a man between the ages of 25 and 40 years; 5.2 to 5.5 in height (the body being partly charred prevents accuracy); 135 to

140 lbs. in weight; light gray tailored suit of good material with fine pin stripe; cap of heavy gray goods with tinge of green in material (cap found in well and evidently belonged to the victim). Inscription inside of cap as follows:

"By warrant to His Majesty, the King, etc. etc. Henry Heath, Limited, 105-107-109 Oxford st. W., London. Manufactured expressly for Geo. E. More, Buffalo, N. Y."

The victim had the following dental work, which was of such a nature that it should be immediately recognized by the dentist who did the work:

"Bridge from Upper Left Cuspid to Upper Right Lateral, swung behind Upper Right Central; Upper Right Cuspid crowned with gold; Upper Left Lateral and Central porcelain, long pin facings."

The cap described above was evidently worn by the victim as it was thoroughly saturated with kerosene, and three loaded 38-calibre cartridges were also found in the well, and of the same brand as one found exploded by the body (by the heat of the fire).

The victim also wore an olive drab shirt, low-cut tan shoes, size 7, narrow last with rather square toe, of the Florsheim make, having the firm name of "Vander Venter" inside the shoes, white silk socks and blue silk garters.

A thorough investigation and examination failed to reveal any money, jewelry or other personal property which might assist in the identification.

Any information or lead which may seem worthy of investigation in connection with this case would be gratefully received. Please communicate any information to undersigned.

Schuyler C. Kelly,
Coroner, San Diego County,
San Diego, California.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back!

He snuggled closer as he questioned her:

"Do you believe in Fate?"

She leaned back with a contented sigh as she replied:

"I think what is going to happen will happen."

Ethel—"Did you have the porch seat painted yesterday?"

Father—"Yes—why?"

"Well, Harold and I sat on it last night and Harold got paint on his trousers."

Pat—"An' what did your ould woman say whin ye come in at three o'clock this mornin'?" Mike—"Sure, the darlin' soul never said a worrud. An' I was goin' to have thim two front teeth pulled out anyway."

She was just a tiny girl, and her father was a minister. They had always lived in the East, but he had been called to another field in Oklahoma. They were to depart for their destination early the following morning. After the little girl had said her evening prayer, she appended: "And now, dear God, good-by, for I am going to Oklahoma!"

"I am afraid this is going to be rather painful, my little man," said the dentist kindly. "Want to take gas?"

"Not much, I don't," replied the youngster in the chair. "If I take gas, how can I tell the fellers how much it hurt?"

"The time will come," thundered the lecturer on women's rights, "when women will get men's wages."

"Yes," said a weak little man in the back seat, "that goes for next Saturday too!"

A London temperance orator was in the habit of holding forth in a workman's hall, and was constantly being interrupted.

The next time he lectured in that hall he engaged a prize-fighter to sit in the gallery and keep order. He was contrasting the clean content of home life with the squalor of drunkenness.

"What do we want when we return from our daily toil?" he asked. "What do we desire to ease our burdens, to gladden our hearts, to bring smiles to our lips and joy to our eyes?"

As the orator paused for breath the prize-fighter shook his fist at the unruly members of the gallery and whispered in a loud undertone:

"Mind yer, the first bloke wot says 'beer,' out he goes!"